

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re. Patent Application of: Leo Burrell)
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)
)
Filed: Simultaneously Herewith) **Examiner:**
) **Group Art Unit:**
Serial No:)
)
For: Contoured Stringed Musical Instrument)
)
)
)
Atty. Ref. No.: 151PA0102)

Commissioner for Patents
M.S. Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.101 (a)

It is respectfully requested that the patent application identified above be made special pursuant to 37 CFR § 1.101 (a) and § 708.02 of the Manual of Patent Examining Procedures (MPEP). The basis for this Petition is that the applicant/inventor, Leo Burrell, is over the age of sixty-five (65) years, and therefore, qualifies for the designation. In support of this Petition to Make Special, the applicant hereby submits an Affidavit by Inventor Leo Burrell, which in turn references a photocopy of Mr. Burrell's birth certificate, showing his birth date to be November 6, 1935. The applicant requests that these materials be incorporated by reference to this petition.

In keeping with 37 CFR § 1.102 (c), no fee is required for a Petition to Make Special on

grounds of the applicant's age.

Respectfully submitted,



ROBERT R. WATERS, ESQ.
REG. NO. 43,241
WATERS LAW OFFICE, PLLC
633 SEVENTH STREET
HUNTINGTON, WV 25701

PETITION TO MAKE SPECIAL UNDER 37 CFR §1.101 (a)

AFFIDAVIT OF INVENTOR LEO BURRELL

I, Leo Burrell, hereby declare that I am a citizen of the United States of America, and that my residence and post office address are as stated next to my name at the bottom of this page. I hereby attest that I am over the age of sixty-five (65) years, as evidenced by my birth certificate which is attached to this Affidavit. I hereby attest that the enclosed birth certificate is a true and accurate photocopy of my original birth certificate, and I am the person identified in that birth certificate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful or false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: Leo Burrell

Date: Jan 29, 2004

Residence: 1919 MADISON AVE., HUNTINGTON, WV

Citizenship: USA

Inventor's signature: 

STATE OF WEST VIRGINIA,

COUNTY OF Cabell :

The foregoing instrument was acknowledged before me this 29th day of
January, 2004.

My commission expires October 17, 2001.

Sandra L. Hand

NOTARY PUBLIC

Case filed 6/4/36

PLACE OF BIRTH
 County of Washtenaw
 Township of Pittsfield
 or
 Village of _____
 or
 City of _____

MICHIGAN
 DEPARTMENT OF HEALTH
 Division of Vital Statistics
 CERTIFICATE OF BIRTH

State Office No.

81 5430

Registered No. 13-

St., _____, _____

FULL NAME
OF CHILDLe Roy
Les Leroy BurrellIf child is not yet named, make
supplemental report as directed

Sex of Child <u>male</u>	Twin, triplet, or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>January 17 1935</u> (Month) (Day) (Year)
Full Name <u>Perry Alfred Burrell</u>			MOTHER <u>Irene Lorraine Cott</u>		
Residence (P. O. Address) <u>Ann Arbor Route 6</u>			Residence (P. O. Address) <u>Ann Arbor Route 6</u>		
Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>19</u> (Years)	
Birthplace <u>Canton Center Mich</u>			Birthplace <u>Isabella County Mich</u>		
Occupation (And Industry) <u>Cement finisher.</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 2Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Have eyes of child been treated with one and one-half per cent solution of silver nitrate as required by law? yes

Given or christian name added from a supplemental report _____, 19_____

Was there any serious malformation or defect? _____

Eliza at 3 P. M.
(Born alive or stillborn)
Thos W. Palow
(Attending physician, midwife, nurse, etc.)
W. M. Miller
DN Berrweth
Registrar

(Signature)

Dated 11/12, 1935

Address

Filed Nov 21, 1935

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Community Health, Lansing, Michigan

CERTIFIED BY:

November 19, 1997.

Carol V. Getts

Carol V. Getts
State Registrar

BEST AVAILABLE COPY